

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. 09/646228	FILING DATE
						APPLICANT(S)	
CLAIMS							
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	I						
2	I						
3	I						
4	I						
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41	I						
42	I						
43	I						
44	I						
45	I						
46	I						
47	I						
48	I						
49	I						
50	I						
TOTAL IND.							
TOTAL DEP.							
TOTAL CLAIMS							